

21 CT6365

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1		Juvenile		N	
Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-21-001664									
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator UK									
Location of Arrest (Including Name of Business) 4501 PGA BLVD, PBG, FL				Location of Offense (Business Name, Address) 4501 PGA BLVD, PBG, FL									
Date of Arrest 04/16/2021		Time of Arrest 17:18		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405	
Name (Last, First, Middle) SCHATZBERG, JENNIFER, BARON												Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 06/27/1967		Height 502		Weight 120		Eye Color HAZEL		Hair Color BRO	
Complexion LIGHT		Build THIN		Marital Status Divorced		Religion JEWISH		Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Lok <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Residence Type: 1. City 2. County 3. Florida 4. Out of State 1									
Local Address (Street, Apt. Number) 4833 POINTE MIDTOWN RD PBG FL 33418				Phone (973) 476-7778				Address Source FL DL					
Permanent Address (Street, Apt. Number) 4833 POINTE MIDTOWN RD PBG FL 33418				Phone (973) 476-7778				Occupation NUTRITIONAL COACH					
Business Address (Name, Street) ()				Phone ()									
DL Number, State S321-422-67-727-0 FL		Sec. Sec. Number ()		INS Number ()		Place of Birth (City, State) LIVINGSTON, NJ		Citizenship US					
Co-Defendant Name (Last, First, Middle) ()				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle) ()				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last, First, Middle) ()		Address (Street, Apt. Number) ()		City ()		State ()		Zip ()		Residence Phone ()	
Notified by: (Name) ()		Date ()		Time ()		Juvenile Disposition 1. Handled / processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name) ()				Relationship ()				Date ()		Time ()			
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent(s) the child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended ()				Grade ()					
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property ()		Value of Property ()									
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Synthesize/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
												B. Barbiturate C. Cocaine E. Heroin	
												H. Hallucinogen M. Marijuana O. Opium/Deriv.	
												P. Paraphernalia/ Equipment S. Synthetic	
												U. Unknown Z. Other	
Charge Description D.U.I. 15 OR HIGHER		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(4)		Violation of ORD #					
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 21-001664		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (First, Second, Third, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700													
Court Date and Time Month MAY Day 19 Year 2021 Time 10:00 AM <input checked="" type="checkbox"/> PM													
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. Refxd Signature of Defendant (or Juvenile and Parent / Custodian) Date Signed 04/16/2021													
HOLD for other Agency Name:		Signature of Arresting Officer ()		Name Verification (Printed by Arrestee) ()		Name of Arresting Officer (Print) Ofc. Dean Morea		I.D. # #517		PAGE 1			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Seditious		<input type="checkbox"/> Related Arrest <input type="checkbox"/> Other:		Transporting Officer Ofc. Dean Morea		ID # #517		Agency PBPGD		Witness here if subject signed within 15 min ()			
Initials ()		Pouch # ()		DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)	

APR 17 2021

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Schatzberg, Jennifer B.

DATE: 04/16/2021

BEGINNING TIME: 1830

CASE NUMBER: 21-056177

VIDEO DVD NUMBER: N/A

ENDING TIME: 1847

BREATH TESTS RESULTS: 1) .207 TIME 1835 A.M. ☐ P.M. ☒ 2) .201 TIME 1838 A.M. ☐ P.M. ☒
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: G. Parent #7909

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Rapid.

ATTITUDE: Upset, talkative, repetitive, mood swings, cooperative.

CLOTHING: Dark gray pants, white and black print shirt, black shoes.

MEDICAL CONDITIONS: None.

MEDICATIONS: Sleeping pills.

OTHER:

Eyes watery and bloodshot, urinated herself prior to arrival, odor of an unknown alcoholic beverage on breath..

COMMENTS:

Arrived at Center A/O began the 20 minute observation at 1807 hrs..

Subject agreed to take the test.

A/O read rights.

Subject stated she understood rights.

Tech. read breath test results.

Subject stated she understood test results but did agree with them.

A/O conducted Q&A.

Subject answered questions.

SCANNED

APR 17 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF APRIL 20 21, AT 1636 AM ☒ PM
SUBJECT: SCHATZBERG, JENNIFER, BARON CASE NUMBER: 21-001664

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Dean Morea #517
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

OFC. ROMERO #502 OBSERVED SCHATZBERG OPERATING A MOTOR VEHICLE IN THE GARDEN SQUARE SHOPS LOCATED AT 4501 PGA BLVD, PBG FL. THE VEHICLE WAS A WHITE MERCEDEZ SUV BEARING FL TAG: LTVM22. SCHATZBERG STOPPED HER VEHICLE IN THE ROADWAY OF THE PARKING LOT AND EXITED HER VEHICLE. SCHATZBERG APPROACHED OFC. HAYASHI #408. OFC. HAYASHI STATED SCHATZBERG CLAIMED HER VEHICLE WAS DISABLED, HOWEVER; SHE GOT BACK INTO THE DRIVER'S SEAT AND TURNED THE VEHICLE ON WHICH WAS OPERATING WITH NO ERRORS. OFC. HAYASHI SMELLED A STRONG ODOR OF ALCOHOL EMANATING FROM SCHATZBERG BREATH AND REQUESTED I RESPOND TO THE SCENE.

OBSERVATION OF DRIVER:

SCHATZBERG WAS SWAYING AND HAD BLOODSHOT RED EYES. SCHATZBERG URINATED HERSELF DURING SFST'S.

DRIVER'S STATEMENTS:

SCHATZBERG STATED SHE MADE A MISTAKE AND SHE WAS IN THE WRONG.

ODORS:

STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: ARGUMENTATIVE / CARELESS

CLOTHING: MULTI-COLORED TOP, GRAY SWEATPANTS, BLACK FLAT SHOES

MEDICAL/OTHER: N/A

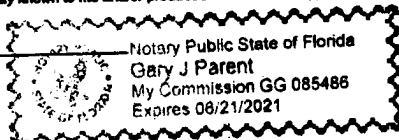
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of APRIL 20 21 by Ofc. Dean Morea

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



APR 17 2021

SUBJECT: SCHATZBERG, JENNIFER, BARON CASE NUMBER 21-001664

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

SCHATZBERG CONTINUED TO MOVE HER HEAD WHILE FOLLOWING THE STIMULUS

WALK & TURN:

**TOOK MORE THEN 9 STEPS
STEPPED OFF THE LINE
HANDS WERE NOT AT SIDE
IMPROPER STARTING POSITION
BEGAN BEFORE INSTRUCTION
DID NOT COUNT OUT LOUD
IMPROPER TURN**

ONE LEG STAND:

AFTER GIVING THE INSTRUCTIONS MULTIPLE TIMES AND DEMONSTRATING, SCHATZBERG MARCHED IN A STRAIGHT LINE AND DID NOT DO ANY PART OF THE TASK AS INSTRUCTED.

ROMBERG ALPHABET:

**SANG IT LIKE A SONG
TRIED TO DO IT IN SIGN LANGUAGE
DID NOT SAY ALPHABET PROPERLY**

FINGER TO NOSE:

AFTER GIVING THE INSTRUCTIONS MULTIPLE TIMES AND DEMONSTRATING, SCHATZBERG DID NOT FOLLOW ANY OF THE INSTRUCTIONS FOR THE FINGER TO NOSE. SCHATZBERG WOULD JUST TURN HER HEAD, TALK AND DID NOT DO ANY PART OF THE TASK PROPERLY.

BREATH TEST RESULTS: 0.207 0.201

STATE OF FLORIDA
COUNTY OF PALM BEACH

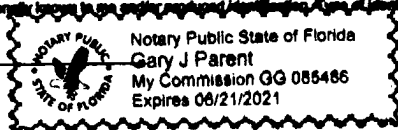
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of APRIL, 2021 by Off. Dean Morea

(Print name of Arresting/Investigative Officer, who is personally known to me and produced identification, type of identification produced)

Personally Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



APR 17 2021

WITNESS LIST

CASE NUMBER: 21-001664

ARRESTING OFFICER: Ofc. Dean Morea

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: OFC. HAYASHI

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: INITIAL CONTACT / WHEEL WITNESS

NAME: OFC. ROMERO

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: INITIAL CONTACT / SFST'S / WHEEL WITNESS

NAME: OFC. WOOD

ADDRESS 10500 N. MILITARY TRAIL, PALM BEACH GARDENS, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: SEARCH

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

APR 17 2021



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 21-056177 PBSO ZONE 3-13
AGENCY CASE # 21-001664 CRASH CASE # _____
TIME OF STOP/CRASH 1636 DATE 4/16/21 DAY Fr
SUBJECT'S NAME Jennifer Schatzberg RACE W SEX F
HGT 502 WGT 120 DOB 6/27/67
LOCATION 4501 PGA Blvd, PB6, FL
ARRESTING OFFICER'S NAME & ID Morea #517 AGENCY PBG PD
DIVISION: Patrol NOTIFIED BY COMMO Yes
ARRIVAL AT FACILITY 1807
BREATH RESULTS: Arrest Time 1718
1. .207
2. .201
3. N/A
4. N/A
TESTING OFFICER'S ID 7909

SCANNED
APR 17 2021

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 04/16/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 18:07

Subject's Name: JENNIFER B SCHATZBERG

DOB: 06/27/1967 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	18:33
	Air Blank	0.000	18:34
	Control Test	0.080	18:34
	Air Blank	0.000	18:35
	Subject Sample #1	0.207	18:35
	Air Blank	0.000	18:36
	Air Blank	0.000	18:38
	Subject Sample #2	0.201	18:38
	Air Blank	0.000	18:39
	Control Test	0.080	18:39
	Air Blank	0.000	18:40
	Diagnostics Check	OK	18:40

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who ☒ is personally known to me or ☐ produced _____ as identification, and who after being placed under oath, states:

I GARY J PARENT, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 04/16/21

Sworn to (or affirmed) before me this 16 day of APRIL, 2021

Signature of Notary Public-State of Florida

OFC. D. MOREA

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021009240	Date: 4/17/21
	Specialist Name/ID: A. Pinkney/7796

SCANNED
APR 17 2021